

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

FILED
CLERKS OFFICE
2005 APR -1 P 12:35

USDC DOCKET # 04-12141DPW
USCA DOCKET # 05-1368
DISTRICT COURT
OF MASS

**KEITH D. WASHINGTON, PRO SE
PLAINTIFF-APPELLANT**

V.

**MASSACHUSETTS COMMISSION
AGAINST DISCRIMINATION, ET AL
DEFENDANTS-APPELLEES**

**PLAINTIFF-APPELLANTS AFFIDAVIT IN SUPPORT OF
MOTION TO FILE APPEAL IN FORMA PAUPERIS**

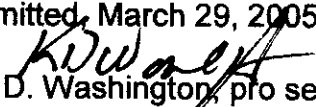
I, Keith D. Washington, Plaintiff-Appellant, pro se, swear or affirm under penalty of perjury that because of my poverty, I cannot prepay the docket fee of my Appeal. I further represent this appeal is not frivolous but based on solid legal precedent.

My issues on Appeal are:

1. Appellant an African-American, United States Citizen, has a clear right to demand he be afforded the full protection of the U.S. Constitution and that the district court will at all times protect his constitutional right's and act in accordance with clearly established federal law as determined by the U.S. Supreme Court.
2. The district court's summary judgment dismissal of this complaint is clearly erroneous.

I swear or affirm under penalty of perjury under United States law that my answers on the attached forms are true and correct.

Submitted, March 29, 2005


Keith D. Washington, pro se
6265 Magnolia Ridge
Stone Mountain, GA 30087
Tel: 770 465 4088

ATTACHMENT

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

FILED
CLERKS OFFICE

2005 APR

U.S. DISTRICT COURT
DISTRICT OF MASS

District Court No. 04-12141 DPW
Appeal No. 05-1368

KEITH D WASHINGTON, PROSE

v.

MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION et al

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u><i>Keith D Washington</i></u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>3/22/05</u></p>

My issues on appeal are:

USDC order is clearly erroneous -

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <i>(Net)</i>	\$ <u>0</u>	\$ <u>31,200</u>	\$ <u>0</u>	\$ <u>2,600</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>18000</u>	\$ <u>0</u>	\$ <u>1500</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>VA</u>	\$ <u>27,600</u>	\$ <u>0</u>	\$ <u>2300</u>	\$ <u>0</u>
Total Monthly income:	\$ <u>45,600</u>	\$ <u>0</u>	\$ <u>3800</u>	\$ <u>2600</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>CITIZENS TRUST CO.</u>	<u>ATLANTA, GA</u>	<u>4/98 - 4/98</u>	<u>\$5000</u>
<u>SINCE SINCE BLVD.</u>	<u>BOSTON, MA</u>	<u>7/92 - 10/96</u>	<u>12,000</u>
<u>CHASE MANHATTAN</u>	<u>AL NEW YORK, NY</u>	<u>9/76 - 6/92</u>	<u>8,000</u>

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>V.A. Medical Ctr</u>	<u>ATLANTA, GA</u>	<u>2/97 - Present</u>	<u>4,000</u>
<u>V.A. Medical Ctr</u>	<u>Northport NY</u>	<u>2/87 - 1/97</u>	<u>3,000</u>

4. How much cash do you and your spouse have? \$ 150

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>WACHOVIA</u>	<u>CD/SAV</u>	\$ <u>-(73⁰⁰)</u>	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>6245 HAWKIN</u>	<u>210</u>	<u>NONE</u>		<u>TOYOTA-2002</u>	<u>9000</u>
<u>ATL, GA</u>				Make & year: <u>TOYOTA-2002</u>	
				Model: <u>CAR4</u>	
				Registration#: _____	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
		<u>NONE</u>			
Make & year: _____					
Model: _____					
Registration#: _____					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	<u>NONE</u>	

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>EFFIE THOMPkins</u>	<u>MOTHER-IN-LAW</u>	<u>92</u>
<u>PAULINE WASHLEY</u>	<u>PARENT</u>	<u>89</u>
<u>HOWARD WASHLEY</u>	<u>PARENT</u>	<u>89</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>2877</u>	\$ <u>0</u>
Are any real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ <u>400</u>
Home maintenance (repairs and upkeep)	\$ <u>250</u>	\$ <u>100</u>
Food	\$ <u>0</u>	\$ <u>500</u>
Clothing	\$ <u>150</u>	\$ <u>300</u>
Laundry and dry-cleaning	\$ <u>50</u>	\$ <u>150</u>
Medical and dental expenses	\$ <u>50</u>	\$ <u>100</u>
Transportation (not including motor vehicle payments)	\$ <u>50</u>	\$ <u>200</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>100</u>	\$ <u>250</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>-</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>-</u>
Life	\$ <u>0</u>	\$ <u>-</u>
Health	\$ <u>0</u>	\$ <u>-</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>60</u>
Other: _____	\$ <u>0</u>	\$ <u>-</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>450</u>
Credit card (name): <u>CitiBank</u>	\$ <u>75</u>	\$ <u>100</u>
Department store (name): <u>Multiple</u>	\$ <u>200</u>	\$ <u>100</u>
Other: <u>ELDER CARE</u>	\$ <u>300</u>	\$ <u>0</u>

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Tax Liability</u>	\$ <u>231</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>3683</u>	\$ <u>260</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

- ① Disabled Veteran since 8/96
- ② SSA Disability " "
- ③ Significant Elder care obligations
- ④ Savings depleted due to inability to work

13. State th



Mr. Keith D. Washington
6265 Magnolia Rdg
Stone Mountain, GA 30087

Your daytime phone number: (770) 465 4088

Your age: 58 Your years of schooling: 16

Your social security number: 074-36-6266